



City of Hartford  
Licenses and Inspections Division  
**Pedal Cab Registration Application**



### Pedal Cab Owner Registration

**Type of Ownership**

- ☐ Sole Ownership **a.**  
☐ Limited Liability Company **b. c.**  
☐ Partnership **b. c.**  
☐ Corporation **b. c.**

**You must have the following with you at the time of application:**

- ☐ Proof of Insurance (must name City of Hartford as insured)  
☐ Cash Bond or Surety-Bond valued at \$200 per pedal cab  
☐ Itemized fare schedule
- ☐ Criminal background check (\$5.00 fee at HPD)  
☐ Completed application and \$50.00 fee

### Sole Owner's/ Applicant's Information

Name	
Residential Address	
City ST ZIP Code	
Day-time Phone	
Night-time Phone	
Date of Birth	
Place of Birth	
<b>Business Location:</b>	
<b>Vehicle ID Number or Serial Number</b>	

### Partners, LLC / if a corp. club, or association names of officers

Name		
Business Address		
City ST ZIP Code		
Day-time Phone		
State of and date of Establishment Creation		
Certificate of legal existence		

### Partners, LLC, if a corp. club, or association names of officers

Name		
Business Address		
City ST ZIP Code		
Day-time Phone		
State of and date of Establishment Creation		
Certificate of legal existence		

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a registration, any false statements, omissions, or other misrepresentations made by me on this application may result in its immediate revocation.. Should any of the previously-referenced information provided by me, the applicant, become inaccurate or outdated, I shall promptly provide correct and accurate information to the Licenses and Inspections Division in the form of an amended application. No license fee shall be charged for such an amended application.

I state under oath that "I have read the provisions set forth in article IV of the Hartford Municipal Code; that I understand those provisions; and that I agree to abide by them at all times

Name (printed)	
Signature	
Date	
Notary Public Signature	
Date	